



# IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@dhw.idaho.gov](mailto:fsb@dhw.idaho.gov)

August 7, 2008

William Behnke, Administrator  
Cascade Medical Center  
P.O. Box 1330  
Cascade, Idaho 83611

RE: Cascade Medical Center, provider #131308

Dear Mr. Behnke:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at your facility, Cascade Medical Center, on July 30, 2008.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

William Behnke, Administrator  
August 7, 2008  
Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **August 20, 2008**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

A handwritten signature in cursive script, appearing to read "Eric Mundell".

ERIC MUNDELL, REHS  
Health Facility Surveyor  
Facility Fire Safety and Construction Program

EM/lj

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 08/06/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131308</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/30/2008</b>
NAME OF PROVIDER OR SUPPLIER <b>CASCADE MEDICAL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>402 OLD STATE HIGHWAY CASCADE, ID 83611</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>The building is a single story, type V(111) construction with a partial basement for housing storage, electrical, and mechanical equipment. The hospital was constructed in 1972 with a small addition completed in 1998 as part of the newly constructed and attached clinic. The clinic is two (2) hour separated from the new small addition to the hospital. It is fully sprinklered with corridor smoke detection. There is a complete fire alarm system. Currently the facility is licensed for 10 acute beds. The facility was surveyed according to 42 CFR 482.41 and the NFPA 2000 Life Safety Code Chapter 19, Existing Health Care Occupancies.</p> <p>The following deficiencies were cited during the survey:</p> <p>The surveyor conducting the survey was:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p>	K 000	<p>1. Corrective actions will affect staff and patients for all deficiencies noted.</p> <p>2. see above</p> <p>3. Corrective measures as noted here in specific to each area.</p> <p>4. Corrective actions will be monitored by maintenance and administration.</p> <p>5. see respective areas.</p>	
K 011	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2</p>	K 011		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 08/06/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131308</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/30/2008</b>
NAME OF PROVIDER OR SUPPLIER <b>CASCADE MEDICAL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>402 OLD STATE HIGHWAY CASCADE, ID 83611</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 011	Continued From page 1 This Standard is not met as evidenced by: Based on observation, it was determined that the facility had not ensured that the fire barrier between the clinic and hospital was kept intact. Hospital census on the day of the survey was five (5). The findings include:  Observation on July 30, 2008 between 10:00 a.m. and 10:45 a.m., disclosed that the fire barrier between the clinic and hospital was not intact as there were penetrations observed to render the wall ineffective in case of fire. Penetrations included wire conduits that had been run through the wall above the ceiling at the clinic corridor entrance adjacent to the physical therapy corridor door. No fire caulking was observed on the bulkhead. Lack of smoke control between the clinic and hospital would potentially create infiltration into or from the adjacent fire compartment through the open penetrations.	K 011	<i>NFPA 101</i>  <i>The wall penetrations have been sealed with appropriate fire caulking.</i>	<i>8/18/08</i>
K 018	NFPA 101 LIFE SAFETY CODE STANDARD  Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3  Roller latches are prohibited by CMS regulations in all health care facilities.	K 018		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 08/06/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131308</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/30/2008</b>
NAME OF PROVIDER OR SUPPLIER <b>CASCADE MEDICAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>402 OLD STATE HIGHWAY CASCADE, ID 83611</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018	Continued From page 2  This Standard is not met as evidenced by: Based on observation, it was determined that the facility had not ensured that patient sleeping room doors were maintained as required. The census was five (5). The findings include:  Observation on July 30, 2008 at 9:50 a.m., disclosed that the facility patient sleeping room doors were not capable of latching in the event they were closed in an emergency situation. The doors of six of six sleeping rooms each were equipped with roller latches which is a prohibited installation. Inability to keep the doors closed against combustion gases, smoke or automatic sprinkler activation would create potential for infiltration of smoke throughout the building.	K 018	<i>The facility will replace the existing roller latches with door handles that have a positive latch mechanism.</i>	<i>9/30/08</i>	
K 021	NFPA 101 LIFE SAFETY CODE STANDARD  Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:  a) the required manual fire alarm system;  b) local smoke detectors designed to detect smoke passing through the opening or a required	K 021			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 08/06/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131308</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/30/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>CASCADE MEDICAL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>402 OLD STATE HIGHWAY CASCADE, ID 83611</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 021	Continued From page 3 smoke detection system; and  c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2  This Standard is not met as evidenced by: Based on observation, it was determined that the facility had not ensured that the fire barrier between the new clinic and hospital, constituting a horizontal exit, was intact. Hospital census on the day of the survey was five (5). The findings include:  Observation on July 30, 2008 between 10:00 a.m. and 10:45 a.m., disclosed that the fire barrier between the clinic and hospital was not intact as the physical therapy door and cross corridor door adjacent to the physical therapy room were observed to be blocked open by a hinged attached door prop. These 90 minute rated doors were used to control smoke/hot gases from the clinic. The doors were not kept closed nor magnetically held open. Lack of smoke control between the clinic and hospital would potentially create infiltration into or from the adjacent fire compartment through the open doors.	K 021	<i>NFPA 101 The attached hinged door props on the referenced doors were removed. Staff will be instructed regarding the requirement to not keep doors propped open. (Pay roll update) 7/2/08</i>	7/31/08
K 033	NFPA 101 LIFE SAFETY CODE STANDARD  Exit components (such as stairways) are enclosed with construction having a fire resistance rating of at least one hour, are arranged to provide a continuous path of escape,	K 033		

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 08/06/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131308</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/30/2008</b>
NAME OF PROVIDER OR SUPPLIER <b>CASCADE MEDICAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>402 OLD STATE HIGHWAY CASCADE, ID 83611</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 033	Continued From page 4 and provide protection against fire or smoke from other parts of the building. 8.2.5.2, 19.3.1.1  This Standard is not met as evidenced by: Based on observation, it was determined that the facility had not ensured separation via the stairwell, between the upper and lower levels of the building. The census of the facility was five (5). The findings include:  Observation on July 30, 2008 at 10:20 a.m., disclosed that the facility first floor and basement were not separated as required. The fire rated 1 1/2 hour rated basement door was observed to be blocked open by a hinged attached door prop. The upper first floor corridor door was not rated, had no door rating plate and therefore did not meet the required rating to qualify as the separation. The door was not kept closed nor magnetically held open. Lack of smoke control and separation between the basement mechanical rooms and hospital first floor would potentially create infiltration into and up from the lower level basement fire compartment through the open door.	K 033			
K 050	NFPA 101 LIFE SAFETY CODE STANDARD  Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are	K 050			

*The attached door prop 7/31/08  
was removed.  
Staff in service to reinforce  
door is to remain closed.  
(P/R update) 9/2/08*

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 08/06/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131308</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/30/2008</b>
NAME OF PROVIDER OR SUPPLIER <b>CASCADE MEDICAL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>402 OLD STATE HIGHWAY CASCADE, ID 83611</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 050	Continued From page 5 qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2  This Standard is not met as evidenced by: Based on record review and staff interview, it was determined that the facility had not ensured that fire drills were held as required. The census was five (5) on the day of the survey. The findings include:  Record review on July 30, 2008 at 9:15 a.m., disclosed that for the two shifts the facility staffs, fire drills were not held for four of four quarters reviewed to include: no drills for 3rd quarter of 2007, only one drill for last quarter of 2007 and no drills for the 1st and 2nd quarters of 2008. The last quarter of 2007 showed that the only drill held was a double coverage drill held for both day and night shifts and for the first quarter of 2008 the documentation showed a General Fire test (system test) on March 21, 2008. The drills that were documented as being held did not meet the intent of the Code. and that for a total of eight (8) required drills a double shift drill held on 9/27/07 did not qualify as an unexpected time(s). Staff stated on July 30, 2008 at 11:40 a.m., that due to illness, staff were not able to hold fire drills for the 3rd quarter of 2007.	K 050	Fire drill policy will be reviewed.  Any necessary changes will be incorporated.  Accountability to insure requirement for drills is met will be shared between Maintenance/Safety position, RN Admin, and administration.  8-19-08 POLICY REVIEWED STATES "DRILLS TO BE CONDUCTED IN PATIENT CARE AREAS QUARTERLY ON EACH SHIFT". FIRE DRILL AND EMPLOYEE PARTICIPATION RECORD IN PLACE AND WITH POLICY. FIRE DRILL COMPLETED FOR DAY AND NIGHT SHIFT 8-14-08 & 08-18-08  after phone call w/ G. Muddell on 8/20/08 re:	8/29/08
K 056	NFPA 101 LIFE SAFETY CODE STANDARD  If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to	K 056		

"intent of the Code" we will  
evaluate ways to make the  
drills more effective than  
different scenarios.



IDHW

8/22/2008 3:51:21 PM PAGE 4/004 Fax Server

CASCADE MEDICAL CRT

PAGE 09/13

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 08/08/2008  
FORM APPROVED  
CMS NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  131308	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  07/30/2008
NAME OF PROVIDER OR SUPPLIER <b>CASCADE MEDICAL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>402 OLD STATE HIGHWAY CASCADE, ID 83611</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 058	Continued From page 6 provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5  This Standard is not met as evidenced by: Based on observation, it was determined that the facility had not ensured that the building was entirely protected by an automatic fire suppression system. The census was five (5). The findings include:  Observation on July 30, 2008 at 10:35 a.m., disclosed that the ambulance bay area was not protected by an automatic fire suppression system. There were no sprinkler heads installed in the section of building to assure protection of the hospital. Lack of sprinklers in that area would potentially create a hazard for the emergency room patients and staff in case of fire in a vehicle exterior to the building.	K 058		
K 144	NFPA 101 LIFE SAFETY CODE STANDARD  Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144	The facility is planning to acquire a cash scanner that will be located in the renovated garage adjacent to the ambulance bay. When this renovation is done the facility will sprinckler the ambulance bay. Projected start date is in September 09.  Per phone call w/ Admin. Expected completion date is 1 March 2009. L.M.	

FORM CMS-2567(02-99) Previous Versions Obsolete

RPAX21

If continuation sheet Page 7 of 8

W Beling

CE

8/20/08

PAGE 9/13 \* RCVD AT 8/20/2008 3:51:31 PM [Mountain Daylight Time] \* SVR:DHWRIGHTFAX/0 \* DNIS:1888 \* CSID:208 382 5081 \* DURATION (mm:ss):03:04

PAGE 3/3 \* RCVD AT 8/22/2008 3:56:15 PM [Mountain Daylight Time] \* SVR:DHWRIGHTFAX/2 \* DNIS:1888 \* CSID:208 382 5081 \* DURATION (mm:ss):02:04

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 08/06/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131308</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/30/2008</b>
NAME OF PROVIDER OR SUPPLIER <b>CASCADE MEDICAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>402 OLD STATE HIGHWAY CASCADE, ID 83611</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 144	Continued From page 7  This Standard is not met as evidenced by: Based on record review and staff interview, it was determined that the facility had not ensured that tests of the auxiliary generator were documented when completed. The findings include:  Record review on July 30, 2008 at 9:00 a.m. disclosed that monthly tests of the emergency power supply were not documented in the auxiliary generator log as being held. Staff interview on July 30, 2008 at 11:30 a.m. disclosed that weekly automatic tests that met the code requirements were being completed but staff had not filled out the generator log to show the tests were completed.	K 144	<i>Generator log will be reviewed, updated &amp; maintained.</i>	<i>8/29/08</i>	

IDHW

8/22/2008 3:51:21 PM PAGE 3/004 Fax Server

PRINTED: 08/06/2008  
FORM APPROVED

## Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  131308	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  07/30/2008
NAME OF PROVIDER OR SUPPLIER <b>CASCADE MEDICAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>402 OLD STATE HIGHWAY CASCADE, ID 83611</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
B 000	16.03.14 Initial Comments  The building is a single story, type V(111) construction with a partial basement for housing storage, electrical, and mechanical equipment. The hospital was constructed in 1972 with a small addition completed in 1998 as part of the newly constructed and attached clinic. The clinic is two (2) hour separated from the new small addition to the hospital. It is fully sprinklered with corridor smoke detection. There is a complete fire alarm system. Currently the facility is licensed for 10 acute beds. The facility was surveyed according to the 2000 Life Safety Code Chapter 101 and IDAPA 16.03.14 Rules and Minimum Standards for Hospitals in Idaho.  The following deficiency was cited during the survey:  The surveyor conducting the survey was:  Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program	B 000			
BB161	16.03.14.510 Fire and Life Safety Standards  Buildings on the premises used as a hospital shall meet all the requirements of local, state, and national codes concerning fire and life safety that are applicable to hospitals. General Requirements. General requirements for the fire and life safety standards for a hospital are that: The hospital shall be structurally sound and shall be maintained and equipped to assure the safety of patients, employees, and the public. On the premises of all hospitals where natural or man-made hazards are present, suitable fences,	BB161			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

021199

RPAX21

If continuation sheet 1 of 2

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131308</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/30/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>CASCADE MEDICAL CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>402 OLD STATE HIGHWAY CASCADE, ID 83611</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
BB161	Continued From Page 1  guards, and railings shall be provided to protect patients, employees, and the public. This Rule is not met as evidenced by:  Based on observation, it was determined that the facility had not ensured that the electrical room was maintained in a safe manner. The census was five (5). The findings include:  Observation on July 30, 2008 at 10:00 a.m., disclosed that the electrical room was disorganized with miscellaneous equipment stored up against and within 18 inches of electrical panels and wiring conduits. Equipment stored within the 18 inch limit included seven upholstered chairs, two large tubs of x-ray documents and foam pads. Also within the electrical room was the transfer switch for the auxiliary generator resulting in potential to affect the operation of the emergency power supply and 100% of the patient census.	BB161	<i>16.03.14.510 Fire Standards 8/1/08</i> <i>Items that were placed in the electrical room inappropriately were removed.</i> <i>Staff will be made aware of the requirement to keep this room clear thru in-service (P/R update) 9/2/08</i> <i>A sign will be posted 8/20/08 on the door reinforcing the neeq. to keep room clear.</i>		